

Name  
in  
Full

Bernard C. O'Donnell -

## CERTIFICATE OF DEATH

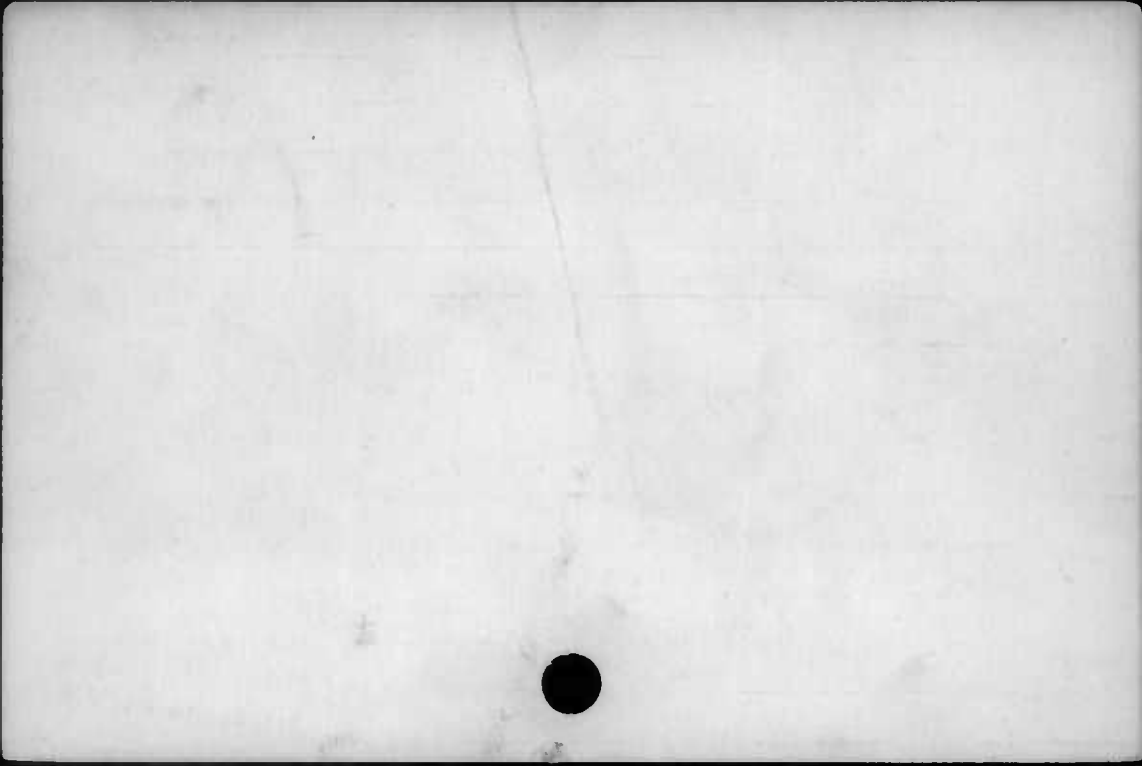
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1892</i>	<i>Feb</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>66</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Makington, Ohio</i>		
Occupation <i>Cabinet Maker</i>	Where Residing If not at place of death <i>96 S. Washington St</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bridgeth O'Donnell</i>				
Father's Name <i>Bernard O'Donnell</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Bridgeth Gleason</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mrs M. O'Donnell</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>	How long <i>8 months</i>
Immediate <i>Lung cancer</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. W. Wiley</i>
	Address <i>Cumtland, Ohio</i>
<i>No previous record</i>	
Accident or Suicide? <i>yes</i>	



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITALS

No. \_\_\_\_\_

Physician who attended any person in a last illness is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE**

## CERTIFICATE OF DEATH.

Death, \_\_\_\_\_

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary Elizabeth Ogden*

Sex, Male or Female, { Cross out the word not required in this line. } \_\_\_\_\_

Age, *Two* Years, *Two* Months, *Thirteen* Days.

Color, *White* Sex, *Female*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } \_\_\_\_\_

Occupation, \_\_\_\_\_

Birthplace, { State or country (and how long in the United States, if of foreign birth. } *Leaning Lane Baltimore*

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, { Give street and number. } *At the place of birth*

Cause of Death, { First (Primary,) *Whooping Cough*  
Second (Immediate,) *Pneumonia*

Duration of Last Sickness, *Seven weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *May 14. 1877*

{ Undertaker, *M. H. Baiju*

{ Place of Business, *74 S. Broadway* Address *23 South Broadway*

*J. J. Gorkiff* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

*The following additional information is requested in relation to the causes of death enumerated below.*

ANEURISM—Mode of Death.

CER. SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.

Commissioner of Health and Registrar.